

FORM 1-N

MARCH 1, 2	C)
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For assessor's use only

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IVACY NOTICE
cords in this series are ential according to I.C. 15-9.

INSTRUCTIONS: Attach to and file with Form 1.

Name of person in possession of property (please print or type)	FEIN	County
Address (number and street, city, state, ZIP code)		Taxing district
Report all locally assessed personal property held, possessed or controlled	on March 1 of the current ass	sessment year, in Schedule I or Schedule II.
SCHEDULE I - ASSESSED TO C	WNER ON FORM 102 OR 1	03
Information return of all personal property which was held, possessed or control	led by this taxpayer but owne	ed and reported for assessment on Form 102 or
103 as of March 1 of the current assessment year by the OWNER.		

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NAME AND ADDRESS OF OWNER	LOCATION OF PROPERTY	DATE OF LEASE	MODEL NUMBER AND DESCRIPTION	QUANTITY	COST PER REGULATION #16 (If Known)
Schedule I includes, but is not limited to, the reporting of:					
Consigned inventory; Other inventory; Returnable Containers; Operating Leases; and all other property held, possessed or controlled by this taxpayer but owned by another person.					

Excluded from Schedule I is:

FORM I-N	SCHEDULE II		MARCH 1, 20
Name of person in possession of property (pla	ease type or print)	FEIN	County
Address (number and street, city, state, ZIP co	ode)		Taxing district

Report all locally assessed personal property held, possessed or controlled on March 1 of the current assessment year, in Schedule I or Schedule II.

TO BE ASSESSED AS A CAPITAL LEASE TO PERSON HOLDING, POSSESSING OR CONTROLLING PROPERTY

Information return of all personal property which was held, possessed or controlled and reported for assessment on Form 1 as of March 1 of the current assessment year by this taxpayer but owned by another person.

TO BE ASSESSED AS A CAPITAL LEASE TO PERSON IN POSSESSION OF PROPERTY					
NAME AND ADDRESS OF OWNER	LOCATION OF PROPERTY	LOCATION DATE OF COMPANY LEASE		COST PER 50 IAC 5.1	
			TOTAL		